

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

California Natural Resources Agency

Division, Department, or Region (if applicable)

Department of Water Resources- Division of Safety of Dams

Street Address

2200 X Street, Suite 200, Sacramento, CA 95818

Area Code/Phone Number

916-227-9800

Email

michael.waggoner@water.ca.gov

Agency Contact (name and title)

Michael Waggoner, Chief, Field Engineering Branch

Date Stamp

California Form 801
For Official Use Only

OCT 16 2017

HUMAN RESOURCES OFFICE

☐ Amendment (explain in comment section)

Date of Original Filing: _____
(month, day, year)

2. Donor Name and Address

☐ Individual N/A N/A ☒ Other Pacific Gas & Electric Company (PG&E)
Last Name First Name Name
PO Box 770000 San Francisco CA 94177
Address City State Zip Code

Power Generation

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

→ If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

N/A \$ 0.00 N/A \$ 0.00
Name Amount Name Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment

Amador and Alpine

10/11/2017

Location of Travel

Dates (month, day, year)

PG&E

Transportation Provider

☐ Rail

☒ Air

☐ Bus

☐ Auto

☐ Other

N/A

Name of Lodging Facility

\$ 0.00

Lodging Expenses

\$ 0.00

Meal Expenses

\$ 500.00

Transportation Expenses

\$ 0.00

Other Expenses

\$ 500.00

Total Expenses

3.1 (b) Payment(s) not related to travel:

N/A

\$ 0.00

Dates (month, day, year)

Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Helicopter travel was offered by PG&E to expedite travel to jointly inspect dams in remote areas under State jurisdiction for dam safety. The use of a helicopter is more efficient for both organizations and is generally a safer mode of transportation to dams with limited road access.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

Holland

Eric

Engineer, W.R.

DWR/DSOD

Last Name

First Name

Position/Title

Department/Division

Last Name

First Name

Position/Title

Department/Division

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Michael Waggoner
Signature

Michael Waggoner
Print Name

Field Engineering Branch Chief
Title

10/17/17
(month, day, year)

Comment:

(Use this space or an attachment for any additional information)

FPPC Form 801 (Jan/14)
advice@fppc.ca.gov

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California Natural Resources Agency

Division, Department, or Region (if applicable)

Department of Water Resources - Division of Safety of Dams

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Area Code/Phone Number

916-227-9800

Email

michael.waggoner@water.ca.gov

Agency Contact (name and title)

Michael Waggoner, Chief, Field Engineering Branch

Date Stamp

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OCT 10 2017

HUMAN RESOURCES OFFICE

☐ Amendment (explain in comment section)

Date of Original Filing: (month, day, year)

2. Donor Name and Address

☐ Individual N/A N/A ☒ Other Southern California Edison (SCE)
Last Name First Name Name
1515 Walnut Grove Rosemead CA 91770
Address City State Zip Code

Power Production

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

→ If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

N/A \$ 0.00 N/A \$ 0.00
Name Amount Name Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment

Inyo County

9/26/17

Location of Travel

Dates (month, day, year)

SCE

Transportation Provider

☐ Rail

☒ Air

☐ Bus

☐ Auto

☐ Other

N/A

Name of Lodging Facility

\$ 0.00

Lodging Expenses

\$ 0.00

Meal Expenses

\$ 600.00

Transportation Expenses

\$ 0.00

Other Expenses

\$ 600.00

Total Expenses

3.1 (b) Payment(s) not related to travel:

N/A

Dates (month, day, year)

\$ 0.00

Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Helicopter travel was offered by SCE to expedite travel to jointly inspect dams in remote areas under State jurisdiction for dam safety. The use of a helicopter is more efficient for both organizations and is generally a safer mode of transportation to dams with limited road access.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

Cruz

Last Name

Brandon

First Name

Senior Engineer, W.R.

Position/Title

DWR/DSOD

Department/Division

Last Name

First Name

Position/Title

Department/Division

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Michael Waggoner
Signature

Michael Waggoner
Print Name

Field Engineering Branch Chief
Title

10/10/17
(month, day, year)

Comment:

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Division, Department, or Region (if applicable)

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Street Address

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Area Code/Phone Number

916-227-9800

Email

michael.waggoner@water.ca.gov

Agency Contact (name and title)

Michael Waggoner, Chief, Field Engineering Branch

Date Stamp

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☐ Amendment (explain in comment section)

Date of Original Filing: _____
(month, day, year)

2. Donor Name and Address

☐ Individual N/A N/A ☒ Other Pacific Gas & Electric Company (PG&E)
Last Name First Name Name
PO Box 770000 San Francisco CA 94177
Address City State Zip Code

Power Generation

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

→ If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

N/A \$ 0.00 N/A \$ 0.00
Name Amount Name Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment

Amador and Alpine

Location of Travel

9/21/2017

Dates (month, day, year)

PG&E

Transportation Provider

☐ Rail

☒ Air

☐ Bus

☐ Auto

☐ Other

N/A

Name of Lodging Facility

\$ 0.00

Lodging Expenses

\$ 0.00

Meal Expenses

\$ 500.00

Transportation Expenses

\$ 0.00

Other Expenses

\$ 500.00

Total Expenses

3.1 (b) Payment(s) not related to travel:

N/A

Dates (month, day, year)

\$ 0.00

Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Helicopter travel was offered by PG&E to expedite travel to jointly inspect dams in remote areas under State jurisdiction for dam safety. The use of a helicopter is more efficient for both organizations and is generally a safer mode of transportation to dams with limited road access.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

Holland

Last Name

Eric

First Name

Engineer, W.R.

Position/Title

DWR/DSOD

Department/Division

Last Name

First Name

Position/Title

Department/Division

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Michael Waggoner
Signature

Michael Waggoner
Print Name

Field Engineering Branch Chief
Title

10/10/17
(month, day, year)

Comment:

(Use this space or an attachment for any additional information)

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PAYMENT TO AGENCY REPORT

1. Agency Name California Natural Resources Agency Division, Department, or Region (if applicable) Department of Water Resources - Division of Safety of Dams Street Address 2200 X Street, Suite 200, Sacramento, CA 95818 Area Code/Phone Number 916-227-9800 Agency Contact (name and title) Michael Waggoner, Chief, Field Engineering Branch		Date Stamp California 801 DWR Form For Official Use Only 2017 OCT 24 PM 1:10
Email michael.waggoner@water.ca.gov	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

<input type="checkbox"/> Individual	N/A Last Name 28311 Secret Town Road Address	N/A First Name Colfax City	<input checked="" type="checkbox"/> Other	Nevada Irrigation District (NID) Name CA State 95713 Zip Code
--------------------------------------------	-------------------------------------------------------	-------------------------------------	--------------------------------------------------	------------------------------------------------------------------------------

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

→ If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

N/A	\$ 0.00	N/A	\$ 0.00
Name	Amount	Name	Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment NID Transportation Provider	Nevada County Location of Travel	9/12/2017 Dates (month, day, year)
<input type="checkbox"/> Rail <input checked="" type="checkbox"/> Air <input type="checkbox"/> Bus <input type="checkbox"/> Auto <input type="checkbox"/> Other	Check Applicable Boxes \$ 0.00 Lodging Expenses \$ 0.00 Meal Expenses \$ 1,500.00 Transportation Expenses \$ 0.00 Other Expenses \$ 1,500.00 Total Expenses	N/A Name of Lodging Facility

3.1 (b) Payment(s) not related to travel: N/A Dates (month, day, year)	\$ 0.00 Total Expenses
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3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Larger helicopter necessary to expedite travel to jointly inspect dams in remote areas under State jurisdiction for dam safety. The use of a helicopter is more efficient for both organizations and is generally a safer mode of transportation to dams with limited road access.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

Jimenez Last Name	Tim First Name	Senior Engineer Position/Title	DWR/DSOD Department/Division
_____ Last Name	_____ First Name	_____ Position/Title	_____ Department/Division

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.


Michael Waggoner Michael Waggoner Field Engineering Branch Chief 10/20/17
 Signature Print Name Title (month, day, year)

Comment:

(Use this space or an attachment for any additional information)

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PAYMENT TO AGENCY REPORT

1. Agency Name California Natural Resources Agency			California Form 801
Division, Department, or Region (if applicable) Department of Water Resources - Division of Safety of Dams			For Official Use Only
Street Address 2200 X Street, Suite 200, Sacramento, CA 95818			
Area Code/Phone Number 916-227-9800	Email michael.waggoner@water.ca.gov		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)
Agency Contact (name and title) Michael Waggoner, Chief, Field Engineering Branch			

2. Donor Name and Address

<input type="checkbox"/> Individual	<input checked="" type="checkbox"/> Other
<div style="border-bottom: 1px solid black; width: 100%; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> Last Name First Name </div>	<div style="border-bottom: 1px solid black; width: 100%; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> Pacific Gas & Electric Company (PG&E) </div>
<div style="border-bottom: 1px solid black; width: 100%; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> PO Box 770000 San Francisco </div>	<div style="border-bottom: 1px solid black; width: 100%; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> CA 94177 </div>
<div style="border-bottom: 1px solid black; width: 100%; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> Address City </div>	<div style="border-bottom: 1px solid black; width: 100%; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> State Zip Code </div>
Power Generation	
<small>If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.</small>	

➡ If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

Name	Amount	Name	Amount
N/A	\$ 0.00	N/A	\$ 0.00

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment		<u>Amador and Alpine</u>		<u>09/12/2017</u>	
		Location of Travel		Dates (month, day, year)	
<u>PG&E</u>		<input type="checkbox"/> Rail <input checked="" type="checkbox"/> Air <input type="checkbox"/> Bus <input type="checkbox"/> Auto <input type="checkbox"/> Other		N/A	
Transportation Provider		Check Applicable Boxes		Name of Lodging Facility	
<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 500.00</u>	<u>\$ 0.00</u>	<u>\$ 500.00</u>	
Lodging Expenses	Meal Expenses	Transportation Expenses	Other Expenses	Total Expenses	
3.1 (b) Payment(s) not related to travel:		<u>N/A</u>		<u>\$ 0.00</u>	
		Dates (month, day, year)		Total Expenses	

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Helicopter travel was offered by PG&E to expedite travel to jointly inspect dams in remote areas under State jurisdiction for dam safety. The use of a helicopter is more efficient for both organizations and is generally a safer mode of transportation to dams with limited road access.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

Dhillon		Param	Senior Engineer, W.R.	DWR/DSOD
Last Name		First Name	Position/Title	Department/Division
Dhillon		Param	Senior Engineer, W.R.	DWR/DSOD
Last Name		First Name	Position/Title	Department/Division

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Signature: Michael Waggoner Print Name: Michael Waggoner Title: Field Engr. Branch Chief Date: 9/27/17
(month, day, year)

Comment:

(Use this space or an attachment for any additional information)

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1. Agency Name

California Natural Resources Agency

Division, Department, or Region (if applicable)

Department of Water Resources - Division of Safety of Dams

Street Address

2200 X Street, Suite 200, Sacramento, CA 95818

Area Code/Phone Number

916-227-9800

Email

michael.waggoner@water.ca.gov

Agency Contact (name and title)

Michael Waggoner, Chief, Field Engineering Branch

Date Stamp

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OCT 18 2017

HUMAN RESOURCES OFFICE

☐ Amendment (explain in comment section)

Date of Original Filing: _____
(month, day, year)

2. Donor Name and Address

☐ Individual N/A N/A ☒ Other Southern California Edison (SCE)
Last Name First Name Name
1515 Walnut Grove Rosemead CA 91770
Address City State Zip Code

Power Production

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

→ If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

N/A \$ 0.00 N/A \$ 0.00
Name Amount Name Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment

Fresno County

9/18/17

Location of Travel

Dates (month, day, year)

SCE

Transportation Provider

☐ Rail

☒ Air

☐ Bus

☐ Auto

☐ Other

N/A

Name of Lodging Facility

\$ 0.00

Lodging Expenses

\$ 0.00

Meal Expenses

\$ 600.00

Transportation Expenses

\$ 0.00

Other Expenses

\$ 1,200.00

Total Expenses

3.1 (b) Payment(s) not related to travel:

N/A

Dates (month, day, year)

\$ 0.00

Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Helicopter travel was offered by SCE to expedite travel to jointly inspect dams in remote areas under State jurisdiction for dam safety. The use of a helicopter is more efficient for both organizations and is generally a safer mode of transportation to dams with limited road access.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

Cruz

Last Name

Brandon

First Name

Senior Engineer, W.R.

Position/Title

DWR/DSOD

Department/Division

Dhillon

Last Name

Param

First Name

Senior Engineer, W.R.

Position/Title

DWR/DSOD

Department/Division

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Michael Waggoner
Signature

Michael Waggoner
Print Name

Field Engineering Branch Chief
Title

10/19/17
(month, day, year)

Comment:

(Use this space or an attachment for any additional information)

FPPC Form 801 (Jan/14)
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A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name Department of Water Resources Division, Department, or Region (if applicable) Statewide Integrated Water Management Street Address 901 P Street, Room 202 Area Code/Phone Number 916 653-3937 Email kamyar.guivetchi@water.ca.gov Agency Contact (name and title) Kamyar Guivetchi, Division Chief		Date Stamp <div style="border: 1px solid black; padding: 5px; text-align: center;"> California Form 801 RECEIVED For Official Use Only OCT 20 2017 HUMAN RESOURCES OFFICE </div>
<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)		

2. Donor Name and Address

<input type="checkbox"/> Individual Last Name: _____ Address: 101 Mission Street, Ste. 1440 City: San Francisco	CCEEB First Name: _____ City: San Francisco	<input checked="" type="checkbox"/> Other Name: CA Council for Environmental Eco Balance State: CA Zip Code: 94105
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CCEEB - Summer Issues Seminar-Environmental and Economic Balance

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

→ If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

Name	\$	Amount	Name	\$	Amount
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3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment Self Transportation Provider: _____ \$ 368.14 Lodging Expenses	Squaw Valley, CA Location of Travel <input type="checkbox"/> Rail <input type="checkbox"/> Air <input type="checkbox"/> Bus <input checked="" type="checkbox"/> Auto <input type="checkbox"/> Other Check Applicable Boxes	7/20-21/2017 Dates (month, day, year) Squaw Creek Resort Name of Lodging Facility
----------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------

3.1 (b) Payment(s) not related to travel: \$ _____ Dates (month, day, year)	\$ _____ Total Expenses
------------------------------------------------------------------------------------------	----------------------------

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.


Invited by the CCEEB to speak at the seminar to represent DWR's Environmental and Regulatory Perspectives. One night lodging and meals provided.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

Guivetchi	Kamyar	Division Chief/CEA	DWR/DSIWM
Last Name	First Name	Position/Title	Department/Division
_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

 Signature	Eric Koch Print Name	Acting Deputy Director Title	10/19/17 (month, day, year)
--------------------------------------------------------------------------------------------------	-------------------------	---------------------------------	--------------------------------

Comment:

(Use this space or an attachment for any additional information)